

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <b>Robbie J. Moore</b>	COURT CASE NUMBER <b>08C 3201</b>
DEFENDANT <b>Roger E. Walker, JR. et al</b>	TYPE OF PROCESS <b>SLC</b>
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Roger E. Walker JR., Director Ill. Dept. Of Corrections</b>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>Ill. Dept of Corrections 1301 Concordia Court P.O. BOX 19277 Springfield, IL 62779</b>	
AT <b>Ill. Dept of Corrections 1301 Concordia Court P.O. BOX 19277 Springfield, IL 62779</b>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	

**Robbie J. Moore, B-16483**  
**P.O. BOX 99**  
**Pontiac, IL 61764**

Number of process to be served with this Form - 285	<b>1</b>
Number of parties to be served in this case	<b>2</b>
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

**FILED**

**7-28-2008**  
**JUL 28 2008 YM**

**MICHAEL W. DOBBINS**  
**CLERK, U.S. DISTRICT COURT**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

**07-09-08**

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>192</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk <b>MD</b>	Date <b>07-09-08</b>
---	-----------------------------	-------------------------------------	------------------------------------	---	-------------------------

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

**RECEIVED Receipt of Certified delivery - (green card)**

Date of Service  
**7-9-08**  
Time  
**7:45** am

Signature of U.S. Marshal or Deputy  
**[Signature]**

Service Fee <b>0</b>	Total Mileage Charges (including on-call) <b>0</b>	Forwarding Fee <b>6.24</b>	Total Charges <b>6.24</b>	Advance Deposits <b>0</b>	Amount owed to U.S. Marshal or <b>6.24</b>	Amount of Refund <b>0</b>
-------------------------	---	-------------------------------	------------------------------	------------------------------	---	------------------------------

REMARKS: **mailed Certified mail w/ return 7007 071000009600 0690**

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Roger E. Walker, JR., Director  
 Illinois Department of Corrections  
 1301 Concordia Court  
 P.O. Box 19277  
 Springfield, IL 62794

## 2. Article Number

(Transfer from service label)

7007 0710 0000 9600 0696

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X ☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

## D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

United States Marshals Service  
 219 S. Dearborn Street, Room 2444  
 Chicago, IL 60604  
 Attn: Civil

0YC3201